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APPLICANTS

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* CONTINUING DATA

NONE STR

* FOREIGN APPLICATIONS

NONE STR

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ITALY	SHEETS DRAWING 14	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 6
US USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no				
Entered and Acknowledged Examiner's Signature: <i>[Signature]</i> Met after Allowance: <i>[Signature]</i> Initials: <i>[Initials]</i>				

ADDRESS

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TITLE

Low loss, noise filtering multiplexer/demultiplexer for reconfigurable OADMs

FILING FEE RECEIVED 1326	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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